

## ORAL ENTERAL NUTRITION WORKSHEET EXPEDITED PRIOR AUTHORIZATION REQUEST

☐ New Request    ☐ Extension Request (Prior Authorization Number or EPA Number \_\_\_\_\_)

### CLIENT INFORMATION

CLIENT NAME	CLIENT PIC
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#### CLIENT'S RESIDENCE

☐ Adult Family Home   
 ☐ Skilled Nursing Facility   
 ☐ Private Residence   
 ☐ Boarding Home  
☐ Assisted Living Facility   
☐ Other (Specify): \_\_\_\_\_

Is client WIC (Women, Infants, and Children) program eligible? (Children less than 5 years)    ☐ Yes    ☐ No  
(Attach WIC statement of denial)

### PROVIDER INFORMATION

VENDOR NAME	VENDOR MEDICAID PROVIDER NUMBER
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VENDOR TELEPHONE NUMBER	FAX NUMBER
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### SERVICE REQUEST INFORMATION

NUTRITION PRODUCT REQUESTED	QUANTITY IN UNITS PER DAY (100 CALORIES EQUALS 1 UNIT)	LENGTH OF NEED	HCPCS CODE
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Provide all applicable  
diagnoses

(ICD-9-CM Codes and  
description)

MEDICAL DIAGNOSIS

NUTRITIONAL DIAGNOSIS

### CLIENT

0-36 months - Weight/length for age percentile on CDC growth chart \_\_\_\_\_  
 3-17 years - Weight/height for age percentile on CDC growth chart \_\_\_\_\_ or BMI \_\_\_\_\_  
 18 or older BMI \_\_\_\_\_

**All oral enteral nutrition products or formulas require expedited or prior authorization. The client must meet the exact criteria in order to use an expedited prior authorization number. This form is required for use of EPA. The prescriber must have documentation in the client's record of reasons why trials of traditional foods did not meet the client's nutritional needs. The EPA numbers have restricted time periods. If the client continues to meet the criteria when the restricted time period ends, and the prescriber completes a new EPA form, you can continue to use the EPA number. If they do not continue to meet the criteria and continue to need an oral enteral nutrition product, you must sent in a prior authorization request**

#### Expedited Prior Authorization (EPA)

- ☐ The client meets the following criteria for EPA #870001103 for **Amino Acid, Fatty Acid, and Carbohydrate Metabolic Disorders** ICD-9-CM Diagnosis Codes 270 through 270.8, 271 through 271.8 and 272.0 through 272.8:
- Diagnosis is in the following range of ICD-9-CM codes: 270-270.8, 271-271.8, or 272.0-272.8; and
  - Requires a specialized nutrition product.

Covered for 12 months.

- ☐ The client meets the following criteria for EPA #870001100 for **Chronic Renal Failure** ICD-9-CM Diagnosis Code 585.6:
- Diagnosis is chronic renal failure ICD-9-CM code 585.6; and
  - Is currently on dialysis.
- Covered for 12 months.
- ☐ The request is for **nutritional bars** CPT Procedure Code B9998 and the client meets the following criteria for EPA #870000868:
- Diagnosis is chronic renal failure ICD-9-CM code 585.6;
  - Is currently on dialysis; and
  - On a fluid restrictive diet.
- Covered for 12 months.
- ☐ The client meets the following criteria for EPA #870001102 for **Decubitus Pressure Ulcers** ICD-9-CM Diagnosis Code 707.00-707.09:
- Diagnosis is decubitus ulcer code 707.00-707.09;
  - Has stage 3 or greater decubitus pressure ulcers; and
  - An albumin of 3.2 or below.
- Covered for 12 months.
- ☐ The client meets the following criteria for EPA #870001101 for **Cancers** ICD-9-CM Diagnosis Codes 140-208.91 and 230-234.9:
- Has cancer ICD-9-CM codes 140-208.91 or 230-234.9; and
  - Currently receiving chemotherapy and/or radiation therapy. Providers may also use this code to bill for the post therapy phase (up to 3 months following the completion of the chemotherapy or radiation therapy).
- Covered for 12 months.
- ☐ The request is for **thickeners** Procedure Code B4100 and the client meets the following criteria for EPA #870001104:
- Has dysphagia ICD-9-CM code 787.2;
  - Requires thickeners to aid in swallowing or is currently transitioning from tube feedings to oral feedings; and
  - Has been evaluated by a speech therapist or an occupational therapist who specializes in dysphagia and the report is in the client's chart in the prescriber's office.
- Covered for 12 months.
- "Simply thick" (B9998) requires prior authorization to allow for pricing.
- NOTE: If the client is 20 and under and only requiring a thickener, an evaluation by a dietitian is not required.
- ☐ The client meets the following criteria for EPA #870001105 for **End Stage COPD or Emphysema** ICD-9-CM Diagnosis Codes 491.20, 491.21, 492.8, or 496:
- Diagnosis of end stage COPD or emphysema ICD-9-CM codes 491.20, 491.21, 492.8 or 496; and
  - A BMI of 18.5 or less or have an unintentional or unexplained weight loss of 5% in 1 month, or 7.5% in 3 months or 10% IN 6 MONTHS.
- Covered for 12 months.

☐ **Children 0 through age 4 (under age 5)**

The child meets the following criteria for EPA #870001106:

- Child is age 0-4 years (under age 5);
- Has a certified RD evaluation with recommendations (which support the prescriber's order) for oral enteral nutrition and products or formulas; and
- Has a signed and dated written notification from WIC indicating one of the following:
  - Client is not eligible for the WIC program; or
  - Client is eligible for the WIC program but the need for product exceeded WIC's allowed amount; or
  - The requested oral enteral nutrition product or formula is not available through the WIC program. Specific and detailed documentation of the tried and failed efforts of similar WIC products, or the medical need for alternative products, must be in the prescriber's chart for the child; and
- Has one of the following criteria:
  - Low birth weight (less than 2500 grams); or
  - A decrease across 2 or more percentile lines on the CDC growth chart, once a stable growth pattern has been established; or
  - Failure to gain weight on 2 successive measurements, despite dietary interventions; or
  - Documented specific, clinical factors that place the child at risk for a compromised nutrition and/or health status.

Covered for 12 months.

☐ **Children 5 through 20 years of age (under age 21)**

The client meets the following criteria for EPA #870001107:

- Age 5-20 years (under age 21);
- Has a certified RD evaluation for eligible clients, with recommendations (Which support the prescriber's order) for medically necessary oral enteral nutrition products, and
- Has one of the following criteria:
  - A decrease across 2 or more percentile lines on the CDC growth chart, once a stable growth pattern has been established; or
  - Failure to gain weight on 2 successive measurements despite dietary interventions; or
  - Documented specific, clinical factors that place the client at risk for a compromised nutrition and/or health status.

Covered for 12 months.

Estimated length of time the oral enteral nutrition product is needed.

☐ Less than 3 months

☐ 3-6 months

☐ 6-12 months

**REQUIRED PRESCRIBER CERTIFICATION STATEMENT**

*I certify that I am the prescriber identified on this form. I certify that the medical necessity information is true, accurate, and complete to the best of my knowledge.*

PRODUCT NAME	QUANTITY REQUESTED PER DAY
PRESCRIBER'S SIGNATURE (SIGNATURE AND DATE STAMPS ARE <b>NOT</b> ACCEPTABLE)	DATE
PRINTED NAME	

**Complete and send to Medical Vendor or Pharmacy. A new EPA Request or Prior Authorization Request Worksheet is required every 12 months. A copy of this form must be kept in the client's record. The provider must retain copies of all documentation for six (6) years.**